Name in Full

Certificate of Death

Lydia Burns

Died at Town Bark Hill County Carroll MARYLAND

Date 189 Month Oct Day | Y. M. D. | Native of | Occupation

Age

~~Male~~ ~~Female~~ | Colored | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name Mana Burns

How long sick

Cause of Death { Primary
Immediate } 161

Accident, Suicide, Homicide

Reported by Carroll ~~A Record~~ 10-1

Address Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5958

Name in Full George Boyd

Certificate of Death

Died at Town near Harney County Carroll MARYLAND

Date 189 Month 10 Day 18 Age Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Carroll Record Taneytown

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

George Hamilton Clary,

Died at Town: Tannery, County: Carroll, MARYLAND

Date 1898. Month: October Day: 19th | Age Y. 9 M. — D. 9 | Native of Maryland | ~~Occupation~~ School-boy

Male — ~~Female~~ | White — ~~Colored~~ | ~~Married~~ — Single — ~~Widow~~ — ~~Widower~~ | ~~Divorced~~ — ~~Number of children living~~

~~Husband of Wife~~

Father's Name: John D. Clary. | Mother's Name: Ida Storms

Cause of Death — Primary: Diptheria & a — How long sick: 6 days

Immediate: Cardiac paralysis — ~~Accident, Suicide, Homicide~~

Reported by: Harry Fissler Baer, M.D.,

Address: Tannery, Carroll County, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Herman Courthouse

Died at near Town Union Bridge County Carroll MARYLAND

Date 189 8 Month 10 Day 8 Age Y. 28 M D. Native of Occupation

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

16

Cause of Death Primary Accidentally Killed

Immediate

How long sick

Accident, Suicide, Homicide

Reported by W. D. Brown, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full Frederick Eburg

Certificate of Death

Died at Town Hampstead or. Bal. Co. line County Carroll Co. MARYLAND

Date 189 8 Month 10 Day 7 Age Y. 68 M. 6 D. 14 Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by American Sentinel Westminster

Address 10-15-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85958

Name in Full — Certificate of Death

Francis Edward Fraser

Died at Town: Westminster County: Carroll MARYLAND

Date 1898 Month: October Day: 23 | Age Y.: 3 M.: 10 D.: 2 | Native of: Md. | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband of Wife~~

Father's Name: George F Fraser | Mother's Name: Sallie E Bonebrake

Cause of Death — Primary: Diphtheria & a — How long sick: 5 days

Immediate: Blood Poisoning —

~~Accident, Suicide, Homicide~~

Reported by: Chas. R. Foutz M.D.

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Joseph Hill Gillis

Died at Town: Daniel County: Carroll MARYLAND

Date 1898 Month: Oct. Day: 28 Age Y.: 81 M.: 4 D.: 3 Native of: Maryland Occupation: Miller

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living: Six

Husband ~~Wife~~ of Amelia Pickett

Father's Name: Hamlet Gillis Mother's Name: Mary Gillis

Cause of Death: Primary: Old age 141 How long sick: one year

Immediate: Paralysis ~~Accident, Suicide, Homicide~~

Reported by: E D Cronk M.D.

Address: Winfield Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full Amanda Hahn. Hahn

Certificate of Death

Died at Town Taneytown (Nearby) County Carroll. MARYLAND

Date 189 8 Month Oct. Day 10 Age Y. 1 M. 2 D. Native of Md. Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Luther Hahn ~~Katie~~

Mother's Name Katie. Hahn

Cause of Death: Primary Inflammation of Bowels. How long sick 2 wks -

Immediate followed by Brain fever. ~~Accident, Suicide, Homicide~~

Reported by C. W. Weavers

Address Taneytown. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mary Harman

Certificate of Death

Died at Town Tanytown County Carroll MARYLAND

Date 1898 Month 10 Day 5 | Age Y. 73 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Record Tanytown

Address 10 8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Abraham Hill.

Certificate of Death

Died at Town: Near Harney — County: Carroll — MARYLAND

Date 189 8 — Month: Oct — Day: 13 — Age: Y. 75 M. 0 D. 26 — Native of: Harney — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband / Wife of Mary E. Hill

Father's Name: Richard Hill — Mother's Name: Leah Hill

Cause of Death — Primary: Fatty Degeneration of Heart — How long sick: Six days

Immediate: Heart Failure. 57 — ~~Accident, Suicide, Homicide~~

Reported by J. H. Weiss. M.D.

Address Taneytown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Jonas Lambert

Certificate of Death

Died at Town: Linwood County: Carroll MARYLAND

Date 189 8 Month: Oct Day: 6 | Age Y. 27 M. D. | Native of Md | Occupation Idiot

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Diarrhea 8 3 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Chas P. Baile. Undertaker

Address New Windsor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Name in Full

Certificate of Death

Ammon Lepley

Died at Town Manchester County Carroll MARYLAND

Date 189 8 Month 10 – Day 24 Age Y. 18 M. D. Native of Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary Typhoid Fever How long sick 4 days

Immediate

Accident, Suicide, Homicide

Reported by J. A. Sherman M.D.

Address Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full

Iola Levy Lyles

Certificate of Death

Died at Town: Sykesville County: Carroll — MARYLAND

Date 1898 Month: Oct Day: 12 Age Y. 2 M. 11 D. Native of: Md Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Wm O Lyles

Mother's Name: Hannah Taylor L

Cause of Death: Primary 140

Immediate: Inanition

How long sick

~~Accident, Suicide, Homicide~~

Reported by: Dr D B Sprecher

Address: Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full John J. Lynerd

Certificate of Death

Died at Manchester Town County Carroll MARYLAND

Date 189 8 Month 10-19 Day | Age Y. 67 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 5

Husband of
Wife

Father's Name | Mother's Name

Cause of Death { Primary Heart trouble | How long sick 5-7

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel Westminster

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68988

Name in Full Isaiah Rolls

Certificate of Death

Died at Town Uniontown County Carroll MARYLAND

Date 189 5 Month 10-29 Day Age Y. 67 M. D. Native of Occupation L. P.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 1

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Certificate 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Barnard Library Liberty Town

Address 11-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88968

Name in Full

Certificate of Death

Sarah C. Marshall

Died at Town: Millers County: Carroll MARYLAND

Date 1898 Month: 10 Day: 5

Age Y. 27 M. 8 D. 4

Native of

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary: Typhoid fever / Immediate:

How long sick 14 days

Accident, Suicide, Homicide

Reported by Dr. T. H. Sherman

Address Manchester Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Certificate of Death

M. Luther Morlock

Died at Town Manchester County Carroll MARYLAND

Date 189 f Month Oct. Day 31 Age Y. 54. M. 9. D. 8 Native of Md. Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife Alretta F. Morlock

Father's Name Jacob Morlock

Mother's Name Susan Morlock

Cause of Death Primary Congestion of Liver

Immediate Apoplexy 42

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by John F. B. Weaver M.D.

Address Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Name in Full — Certificate of Death

Infant of Rev B F Myers Colored

Died at Town: Sykesville County: Carroll MARYLAND

Date 189 Month: Dec. Day: 22. Age Y. 0 M. 1 D. 2 Native of Md Occupation —

~~Male~~ Female ~~White~~ Colored Married Single Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name: Benj F Myers Mother's Name: Laura E

Cause of Death — Primary: — How long sick: 140

Immediate: Incanition Accident, Suicide, Homicide

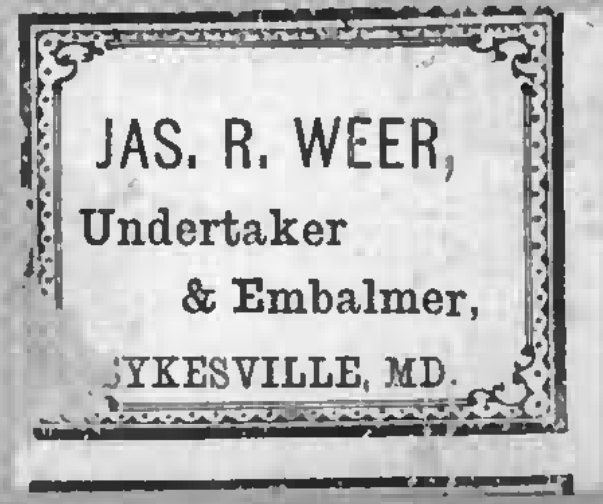
Reported by: Jas R Weer Undertaker

Address: Sykesville Md

No Physician in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068


JAS. R. WEER,
Undertaker
& Embalmer,
YKESVILLE, MD.

Name in Full | Certificate of Death

Mary Emma Mott

Died at Town: Union Bridge County: Carroll MARYLAND

Date 1898 Month: Oct Day: 31 Age Y.: 31 M.: 2 D.: 26 Native of: Pennsylvania Occupation: Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband ~~Wife~~ of Edward L. Mott

Father's Name Edwin W. Hetrick Mother's Name Leah Spangler

Cause of Death: Primary 66 How long sick

Immediate Heart failure Accident, Suicide, Homicide

Reported by G. R. Mosher M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: Reuben Pool

Certificate of Death

Died at Town: Gist County: Carroll MARYLAND

Date 1898 Month: Oct. Day: 20th Age Y. 86 M. 8 D. — Native of: Maryland Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 8

Husband ~~Wife~~ of Rachel Shipley 145 E

Father's Name: Lloyd Pool Mother's Name: Naomi Barnes

Cause of Death: Primary: Run over by a wagon ~~How long sick~~

Immediate: (Fractured skull) Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Frank C Sharrer

Address: Westminster Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

P. C. E 29

Died before a physician could be called in.

Name in Full Louis Rust

Certificate of Death

Died at near Melrose Town County Carroll MARYLAND

Date 189 8 Month 10 Day 31 Age Y. 48 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 1529

Cause of Death Primary Injury; Fall How long sick

Immediate Peritonitis Accident, Suicide, Homicide

Reported by Hampstead Enterprise

Address 11-4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lasper C Shriner

Certificate of Death

Died at Town Cranwood County Carroll MARYLAND

Date 1898 Month Oct Day 26 Age Y. 63 M. 3 D. 12 Native of Carroll Occupation Farmer

X Male X White X Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Susie Shriner

Father's Name Parents long Dead Mother's Name Jacob Elizabeth Shriner

Cause of Death Primary Heart Trouble & Dropsy How long sick

Immediate immediate 15 Accident, Suicide, Homicide

Reported by Eld E W Stoner for Dr J K Markel

Address Union Bridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65P68

Name in Full Margaret Sixx

Certificate of Death

Died at Town Bruceville County Carroll MARYLAND

Date 1898 Month Day Oct 3 Age Y. M. D. 86.4.19 Native of Md Occupation Pauper

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Phillip Sixx

Father's Name — Barnhart Mother's Name unable to find out.

Cause of Death Primary Old Age 141 How long sick 3 days

Immediate Paralysis so I was informed ~~Accident, Suicide, Homicide~~ did not attend her.

Reported by Chas H. Diller

Address D. P. Creek Maryland

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Sarah Ann Study

Certificate of Death

Died at Town near Silver Run, County County Carroll MARYLAND

Date 1898 Month Oct. Day 19 Age Y. 57. M. 8. D. 3 Native of Maryland Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Amos Study - deceased

Father's Name — Fieser Mother's Name

Cause of Death Primary Sarcoma Cancer 25 ~~4~~ 7 breast How long sick about 6 months

Immediate " " ~~Accident, Suicide, Homicide~~

Reported by A. F. Dnisbach

Address Silver Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Johnnie Wallace

Certificate of Dea

Town County

Died at Carroll County MARYLAND

Month Day Y. M D. Native of Occupation

Date 1898 Oct 11 Age 17 mt 11 dys

Male male White white Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name William Wallace Mother's Name Lizzie Wallace

Cause of Death Primary Basilar Meningitis How long sick 2 week

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Jno E. Bolte MD

Address Harrison Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William Whitmore

Certificate of Death

Died at — Town: Union Bridge — County: Carroll. Co — MARYLAND

Date 1898 — Month: Oct. — Day: 1st — Age: Y. 81 M. - D. - — Native of: Maryland — Occupation: Carpenter

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 2

Husband ~~Wife~~ of: Mary Elisabeth Hammond Whitmore

Father's Name: Dont. Know — Mother's Name: Sarah Whitmore

Cause of Death — Primary: Injury from a fall — How long sick: 6 days

Immediate: Congestion of brain — Accident, Suicide, Homicide

Reported by: James Watt. M.D. 152A

Address: Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968